

2000-2001 (i) CDR (Crude Death Rate), (ii) IMR (Infant Mortality Rate), (iii) Life Expectancy at Birth; and

(b) how it compares with the corresponding figures at the beginning of the Eighth and Ninth Plan?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) As per the latest information available, the Crude Death Rate was 8.7, Infant Mortality Rate was 70 in the year 1999 and Life Expectancy at Birth was 62.36 years for male and 63.39 years for female during the period 1996—2001.

(b) The Crude Death Rate, Infant Mortality Rate and Life Expectancy at Birth at the beginning of the Eighth and Ninth Plan are as under:—

#### **Mortality Indicators**

Indicator		Eighth Plan	Ninth Plan
(i)	C.D.R.	10.1	8.9
(ii)	I.M.R.	79	71
(iii)	Life Expectancy at Birth (years)		
	Male	58.6	60.6
	Female	59.0	61.7
	Combined	58.7	61.2

#### **Malnutrition among slum and tribal children in Maharashtra**

1542. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large number of children in slum and tribal areas of Maharashtra are affected by malnutrition;

(b) if so, the estimated number of affected children;

(c) the details of special programme undertaken by Government to deal with the problem of malnutrition among the children in identified areas; and

(d) the progress achieved under on-going schemes and action plan for the next five years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) As per National Nutrition Monitoring Bureau, Diet and Nutrition Survey Report, 2000, in the Tribal

population, the prevalence of malnutrition in children in Maharashtra is as follows:—

Mild	23.9%
Moderate	58.8%
Severe	14.8%

(c) and (d) Various measures adopted by the Government to improve the nutritional status of the population are:—

- Increased agricultural production
- Improving the purchasing power of the people through income-generating schemes;
- Availability of essential food items at subsidised cost through public distribution system;
- Nutrition education to increase the awareness and bringing about the desired changes in the feeding practices including promotion of breast feeding;
- Supplementary feeding programmes *viz.*
  - (i) Integrated Child Development Services (ICDS) Scheme; (ii) Special Nutrition Programme (SNP); (iii) Balwadi Nutrition Programme (BNP); (iv) Wheat based Supplementary Nutrition Programme; (v) Mid-day Meal Programme.
- Pradhan Mantri Gramodaya Yojana (PMGY)
- Programmes for Prevention of specific nutrient deficiency disorders such as National Iodine Deficiency Disorders Control Programme; and Prophylaxis Programme to prevent Blindness due to Vitamin A deficiency and Nutrition Anaemia due to Iron Deficiency as a part of the Reproductive and Child Health Programme. Pilot Project for control of micronutrient malnutrition is also under implementation.

#### **Brain Fever in Andhra Pradesh**

1543. DR. DASARI NARAYANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether in order to control the Japanese Encephalitis (JE), popularly known as brain fever in Andhra Pradesh, Government have formulated any action plan for mass JE vaccination of high risk groups particularly during inter-epidemic periods;